Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	12/09/2008	$\Lambda ddress:$	214 2 nd S1
Case #:	34-34709		Shoals, IN
County:	<u>Martin</u>		
Operation	al/Glassware/Equipment (only)	Seizure Location (c	check all that apply) Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, bitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Bedroom Water Reactive Metal (Lithium): Anhydrous Ammonia: If Indication (s): Items Found: Kitchen Corrosive Acid: Kitchen Corrosive Base: Corrosive Items and location): Paraphernalia Trash			
Child under age 18 discovered (check one) Yes 1 (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agence. The Process of Checks Note that Protective Process Process of Checks Note that Process Process Process of Checks Note that Process Process Process Process of Checks Note that Process			
Health Dep Child Prote	ment: Shoals Volunteer Fire artment: Martin County ction Service: Martin County	Fax: Fax: Fax:	- -
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>David Qualkenbush</u> Phone <u>812-482-1441</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.